

Case No. _____

Name of Person in Charge or Facility: _____

Address: _____

Telephone Number: _____

4. Information about the Ward's Doctor.

Ward's Current Doctor: _____

Doctor's Address: _____

Doctor's Telephone Number: _____

5. Information about the Ward's physical and mental health.

A. Date the Ward was last seen by a doctor: _____

B. Changes in Ward's health. Have there been any major changes in the Ward's physical and/or mental condition in the last year? If so, please describe the change.

C. Attach a copy of the doctor's report about the Ward's current physical and mental condition.

6. Information about the Ward's Guardian.

Guardian's Name: _____

Guardian's Address: _____

Guardian's Telephone Number: _____

7. Information about the Guardianship.

Number of times the Guardian has seen the Ward in the last 12 months: _____

Date of the last visit: _____

The Guardian's opinion about whether the guardianship should continue: (Explain.)

8. Information about the person responsible for managing the Ward's assets:

Name of person responsible for managing Ward's assets: _____

Address: _____

Telephone Number: _____

9. Information about State, County or Federal Agency Services: Does the Ward receive any state, county or federal agency services? If so, write in the name of the agency contact and describe the services received by the Ward.

DATED: _____

Print Guardian's Name

Case No. _____

Signature of Guardian

AFFIDAVIT OF MAILING: I promise I mailed this Annual Report of Guardian to the following people at the following address(es) on this date: _____
(Month/Day/Year)

[illegible]

(Signature of Person Mailing Document)